

Social Security funds, activities in local communities for the health protection of mothers and children have increased greatly during the past year. It must be remembered, however, that the infant mortality rate, to a large extent, is affected by conditions that are not under human control and that the annual general trend of the rate is similar throughout most of the country. The activities that are directed toward the saving of infant lives are productive of results, however, in spite of the fact that congenital defects play an important part in the production of high infant mortality rates.

SMALLPOX

In 1936 there were but 2.2 cases of smallpox per 100,000 population reported in California, while in 1920 there were 127.0 cases per 100,000 population. Since the method of prevention in the control of this disease is well known and has been practiced for decades, it is clear that the control of the disease depends entirely upon the thoroughness with which vaccination is applied.

In those communities where 50 per cent of the population is vaccinated against smallpox, the disease never becomes epidemic. The remarkable reductions in the prevalence of smallpox throughout California indicate the thoroughness with which public health measures are enforced by the health officers of California. In those counties where full-time health service is established, the general population has been offered vaccination freely.

In 1937 and 1938 the smallpox case rate has risen to 10.7 and 19.0 per 100,000 population, respectively. These increases are not due to any laxity upon the part of public health authorities in California but rather to the importation of cases into the state by migratory agricultural laborers and spread of the disease in local communities. Contacts with cases in the families of migrants have contracted the disease and the increased prevalence is due to this fact. Although many cases have been brought into the state during the past few years, the State Department of Health, assisted by local health officers, has kept smallpox under control and no serious outbreaks have occurred among migratory agricultural laborers or contacts with cases in migrants. Had the resident population of California not been vaccinated against smallpox, it is certain that through contact with these itinerant cases widespread epidemics of this disease might have occurred.

California's record in the control of typhoid, smallpox, tuberculosis, diphtheria and infant mortality is outstanding and compares favorably with similar results that have been achieved in states that have made far greater expenditures in the protection of their public health. The achievement of these records has been dependent upon the efficiency of organizations and individual workers rather than upon the expenditures of vast sums of money.

The California State Department of Public Health takes justifiable pride in the activities of local health officers, public health nurses, and members of its own staff in the prevention of the diseases and savings in human lives that have come about through these coordinated activities.

CALIFORNIA RATES

	Typhoid		Smallpox		T. B.		Diphtheria		Infant Mortality
	Case	Death	Case	Death	Case	Death	Case	Death	
1920....	32.8	4.9	127.0	250.0	152.6	164.6	12.8	75.0	
1930....	13.0	1.7	54.8	197.0	98.2	53.6	3.4	58.6	
1935....	8.5	1.2	4.9	131.3	72.0	33.7	2.1	49.5	
1936....	9.3	1.1	2.2	125.9	72.2	31.4	2.0	53.0	
1937....	7.7	0.87	10.7	124.3	67.8	23.5	1.6	53.7	
1938....	7.1	0.83	19.0	115.2	60.5	24.3	1.4	43.8	

WAGNER NATIONAL HEALTH BILL: AN IMPRESSIVE MEASURE *

The Medical Society of the State of New York evidently does not think any too highly of Senator Wagner or of his so-called National Health Bill. Its *Journal of Medicine*

* Concerning Wagner Bill, see page 368.

says that, "with all due respect to the senior Senator from New York," it would characterize the bill as extremely amateurish, "did we not suspect that this veteran political strategist has purposely drawn it so vaguely that its passage through Congress would encounter the least amount of oppositional friction in its passage toward enactment." In addition to that, the publication thus speaks of the bill:

It is wholly impractical, it is almost unworkable, it is certainly extremely vague, and absolutely unsuitable from our standpoint. If enacted into law, it will bring the medical profession into such difficulties that it will take decades to extricate ourselves from them. Particularly will it be difficult to evade the bureaucratic interpretations which must be made, perforce, because the bill is full of uncertain terms, and contains too many unprecedented tentative permissive clauses.

The journal's chief complaint against the measure is that the bill does not even meet the major proposals of the National Health Conference; that it makes no provision for the establishment of adequate medical standards; that it gives too much authority to state health officers; that it places the control of medical practice under the supervision of lay heads of political bureaus; that although there is "some vaguely outlined provision calling for the development and education of medical career officials," this may mean the "experimental set-up of an educational system" which ultimately will lead to "straight state medicine." It suggests that in any scheme for the coordination of local community needs care should be taken to keep it out of the hands of a "purely political group" that will never lose sight of the effect its decisions may have upon voters.

Whatever else may be said about the stand thus taken, the *Journal of Medicine* is certainly on firm ground when it argues that legislation of such importance should be precise in its terms. Imprecision in terms is, however, the hot-bed in which bureaucracy most flourishes. No better evidence of that can be found than in the story of another piece of legislation associated with Senator Wagner's name—the National Labor Relations Act.—New York *Sun*, April 4.

WAGNER HEALTH MEASURE CALLED HUGE POLITICAL BRIBE

New York, March 31 (AP).—Frank Gannett, Rochester, New York, publisher and chairman of the National Committee to Uphold Constitutional Government, today said the proposed Wagner national health bill was "in effect a huge bribe to install politically controlled medical service."

Gannett said the act, introduced in Congress recently by Senator Robert F. Wagner (D.), New York, would "have even more damaging results than his (Wagner's) NRA and National Labor Relations Act which have promoted strife in industry and delayed recovery."

The publisher said in a statement that the measure would "put the Federal Government far into the field of medical care from which it will never retreat."

DISEASE OF POLITICS

"Using federal and state funds," he said, "it will set up government hospitals and a vast system of tax-supported medical care that may, in the end, undermine and drive out of existence all private and church hospitals and the private practice of medicine."

"So humanitarian and praiseworthy are the objectives (of the act) that one must be brutally frank to point out that the diagnosis behind them is careless and inaccurate, that the prescription is wasteful and unscientific, and that the 'cure,' instead of achieving the desired result, would infect the practice of medicine with an almost fatal disease."

"That disease is politics."

SEEN AS HUGE BRIBE

"On the face of it, the Wagner Bill does not provide for compulsory health insurance. With almost insidious deft-

ness it leaves such a matter to discretion of the states. They must decide whether to adopt insurance or set up a system of tax-supported state medicine; and if they fail to adopt a plan acceptable to the Federal Government, they must do without liberal tax money allotments from the Federal Government.

"Thus in effect, the Wagner Bill is a huge bribe to install politically controlled medical service."—*Los Angeles Times*, April 1, 1939.

UNITED STATES DEBT FORTY BILLIONS AS "CEILING" NEAR

Washington, April 1 (AP).—The treasury's debt passed the 40,000 million dollars mark today, coming within 5,000 million dollars of the statutory limit.

Although the administration has considered increasing the legal debt ceiling to 50,000 million dollars, it has decided against asking Congress to make the change this year.

The debt, largest in the nation's history, now is equivalent to approximately \$305 per person. A year ago, the \$37,-556,302,000 debt equaled \$289.17 per capita.

Other milestones were the prewar low of \$1,282,044,346, equal to \$12.36; the high of World War financing, \$25,-478,592,113, equal to \$250.18; the postwar low of \$16,026,-087,087, equal to \$129.66, and the pre-Roosevelt point of \$20,937,350,964 on March 3, 1933.

The debt has increased 2,850 million dollars in the last year alone.

Today's debt is a few millions over 40,000 million dollars because of the customary first-of-the-month borrowing of 50 million dollars from the old age reserve fund. The exact figure for today will not be available for a few days, however.

The treasury debt does not include the 5,400 million dollar obligations of governmental corporations which are guaranteed by the treasury but are excluded from the treasury indebtedness because of the assumption that the corporations will repay them. The guaranteed debts include: Home Owners Loan Corporation, 2,900 millions; Reconstruction Finance Corporation, 810 millions; Federal Farm Mortgage Corporation, 1,385 millions; Commodity Credit Corporation, 205 millions, and United States Housing Authority, 100 millions.

AVERAGE U. S. INCOME TOLD

Earnings of Typical American Family in 1938 Put at \$2,116

New York, April 9 (AP).—The average effective buying income of the average American family in 1938 was \$2,116, the magazine *Sales Management* said today in its tenth annual survey of buying power.

The average individual American had approximately \$492 to spend last year, it added.

DECLINE ESTIMATED

The nation's estimated total income for 1938, at \$63,274,-609,000, was about 12 per cent less than in 1937, but half again above the acute 1932 depression low of \$41,000,-000,000, the publication said.

New York was first among states with a family average of \$3,069; Nevada was second with \$2,777, and California third with \$2,733. Other leading states were Massachusetts \$2,673, Rhode Island \$2,601, New Jersey \$2,587, Wyoming \$2,584, Connecticut \$2,560, Minnesota \$2,440, Delaware \$2,369, Maryland \$2,362, and Washington \$2,339.

DES MOINES LEADS

Of major cities, Des Moines was first with a per-family effective spending income of \$3,778, followed by Washington, D. C., \$3,767, Minneapolis \$3,700, New York City \$3,609 and Dallas \$3,584. Ten next principal cities of the first 15, in order, were Houston, Davenport, St. Paul, St.

Louis, Ft. Worth, Kansas City, Miami, Tulsa, San Francisco and Boston.

Thirty major cities in all exceeded the \$3,000 mark for per family effective spending incomes.

SIGNIFICANT TO SOUTH

The average white family in the United States last year had \$2,252, which was only \$136 above the all-family average for the country, a fact of especial interest in southern states, the magazine reported.

In South Carolina, for example, where the average effective buying power of all families was estimated at \$1,176, the average buying power of the white family stands at \$1,590.

MORTALITY RATE AT ALL-TIME LOW

Observing the thirtieth anniversary of its health program started in 1909 for the benefit of millions of industrial policyholders, the Metropolitan Life today released figures to show some of the results accomplished during those three decades. The following are the highlights of the report:

Death rate among the policyholders dropped from 12.5 per 1,000 in 1911 to 7.7 per 1,000 in 1938, the lowest in their history.

The average length of life of the policyholders is fourteen years longer than it was thirty years ago, having advanced from 47 years to about 61 years.

Some phenomenal reductions in mortality from individual diseases that took place during this period are indicated by declines in their death rates per 100,000 policyholders.

Tuberculosis, from 224.6 to 46.9; influenza and pneumonia, from 131.1 to 58; typhoid fever, from 22.8 to .9; Bright's disease, from 95 to 53.2; accidents, from 77.4 to 48.3.—*San Francisco Call-Bulletin*, April 13.

SOCIAL SECURITY SURVEY REVEALS AVERAGE WAGE

Washington, April 9 (Exclusive).—Analysis of earnings made public today by the Social Security Board disclosed the average American wage for workers coming under the board's old-age security act as \$890 annually. John J. Corson, director of old-age insurance, pointed out that wages in excess of \$3,000 a year from one employer were not counted under the tabulation.

In a breakdown by states, California with \$912, has the twelfth highest average wages per employee of any state.

CALIFORNIA STATISTICS

In California \$1,860,464 employees covered by the act received \$1,695,163,619 in reportable wages during 1937, the report showed.

The analysis showed that employees receiving less than \$3,000 a year constitute 97 per cent of the total number of American earners covered in the survey and their earnings about 90 per cent of the total volume of wages.

Younger workers were found to be more numerous than those in the older-age groups, but the average wage earned by older workers was higher.

ELDER EARN MORE

"Fully 60 per cent of the 30,150,000 employees were between the ages of 20 and 40," the report stated. "Those between the ages of 40 and 60 amounted to only 20 per cent of the total, or less than half the younger group. But the average wage of the older group was \$1,185, more than a third greater than the average wage of \$860 received by the younger workers."

The average taxable wage of approximately 700,000 employees between the ages of 60 and 65 was \$1,086, or almost double the average for some 5,700,000 employees between the ages of 20 and 25, the study showed. The age